pell does not recommend the baths at the height of the attacks, but Strasser has found them very useful even in acute attacks. Strasser agrees with v. Strümpell that probably the most important action of the baths is the diaphoresis induced by them. He thinks it also may be true that the electric lights have a specific action upon the bronchial mucous membrane, increasing the secretion from the glands and epithelium. By virtue of these actions they may aid in the elimination of the toxic substances which are the inciting agents of asthma. Strasser also suggests that they may have a direct antispasmodic action upon the skin and internal organs. The effect of heat upon various hysterical spasmodic affections is well known, and Strasser bases his theory upon this premise.

General Principles in the Treatment of Diseases of the Heart.—Barr (*Brit. Med. Jour.*, 1909, i, 989) introduces his paper by discussing the preventative treatment of cardiac disease occurring as a result of the acute infections, particularly rheumatism, or as a result of the degenerative lesions of the heart and bloodvessels so common in later life. He deprecates the tendency for the indiscriminate use of cardiac tonics in heart disease. He says that many of the cardiac tonics cause an increase of arterial pressure which, if long maintained, leads to irreparable damage to the aorta. He believes that measures which lessen the work of the heart are of much greater value than cardiac tonics. When the balance between the two sides of the heart is well maintained drugs are usually unnecessary. Among the measures which lighten the work of the heart he mentions rest, graduated exercise, reduction of intake of fluids, reduction of amount of food, sweating, diuresis, use of cathartics, and various hydrotherapeutic measures. With regard to exercise, Barr does not prefer any routine system, but believes that the exercise must be fitted to the individual. Exercise increases oxidation and hastens the elimination of waste products that are the main causes of arterial degeneration. Properly graduated exercise increases the tone of the cardiac muscle and at the same time increases the general muscular capacity. If the blood pressure is high, Barr prefers the use of decalcifying agents and mild cathartics over long periods of time in order to maintain the pressure at a constant lower level. If there is any tendency to thrombosis or embolism, he believes that decalcifying agents, such as phosphoric and citric acids and their soluble salts, should be used. In cases in which there are urgent symptoms indicating cardiac thrombosis or pulmonary embolism, strong ammonia should be freely used. Barr gives a mixture of five minims each of liquor ammoniæ fortior and spiritus chloroformi in a wineglassful of barley water every half-hour or hour for this purpose. He states that a free hemoptysis in a case of mitral stenosis is often the best form of bloodletting to relieve the distended right heart, and, therefore, it should not be checked too quickly. He condemns the use of hemostatics and advocates the use of nitroglycerin and atropine. In all of the spasmodic affections associated with a high arterial tension, such as angina pectoris, the best remedies are nitroglycerin, morphine, atropine, amyl nitrite, and the iodide preparations. Barr says that, so far as we know, the presence of free calcuim ions in the blood and tissues is necessary for effective muscular contractions. He cites Bell's work, who showed that when a solution of calcium chloride was injected into the veins of a rabbit, the rhythmical contractions continued and their amplitude increased while their frequency diminished. Barr believes that a renewed supply of calcium ions is indicated in febrile conditions because of the increase of their excretion in such conditions. An inordinate supply of calcium ions increases the viscosity of the blood, raises the blood pressure, hastens the formation of scar tissue, and leads to degenerative changes in the heart and bloodvessels. When the supply of calcium ions in the blood is too great, Barr states that the cardiac contractions tend to become slow though still effective. Because of the greater muscularity of the left ventricle, there then occurs an asynchronous action of the right side of the heart with consequent irregularities and intermissions. Therefore, in such conditions as Stokes-Adams disease Barr advises an elimination of the lime salts and the use of decalcifying agents.

Salt-poor Diet as a Therapeutic Measure.—MENDEL (*Münch. med. Woch.*, 1909, ix, 433, and x, 516) believes that the good effects of many of the dietetic methods for the treatment of circulatory disturbances and obesity are to be ascribed simply to the low sodium chloride content of the diets used. Thus, he explains the beneficial effects of the Karell milk cure with its various modifications. Mendel has obtained the same results by the use of a mixed diet low in sodium chloride content. He reviews some of the recent experimental work and clinical observations of the results obtained by the use of salt-poor diet in various affections. He mentions particularly Finklestein's results in the treatment of eczema of children by such a diet. Mendel says that even normal amounts of salt in the diet of healthy individuals cause a retention of blood in the body of from 1.5 to 3 liters. An excessive intake of salt may cause a marked retention of water even in the healthy individual with sound kidneys. However, in normal individuals, there is no trausudation or exudation of fluid. Mendel cites various animal experiments performed by Cohnheim and Lichtheim, who found that normal animals could eliminate large quantities of salt solution introduced intravenously without the production of any œdema. If, however, they produced an artificial inflammation, a marked œdema always occurred in the neighborhood of the inflammation. Consequently, there must be some abnormal condition of blood or lymph vessels before œdema can be produced. They were also able to produce œdema in case they prevented the venous return by a ligature. Mendel believes that retention of salt with consequent retention of water not only alters the clinical picture of inflammation, but has an injurious action on its course. This effect, he believes, is more striking in various skin affections and in inflammations of serous membranes. He believes that an excess of salt increases the accumulation of fluid in pleurisy and in synovitis. These accumulations of fluid compress the lymphatics and capillaries, and thus prolong the course of the inflammation. Mendel describes some very favorable results obtained by the reduction of salt in the diet of various affections. The cases he treated in this manner comprise cases of burn, of eczema, of ascites with cirrhosis of liver, of pleurisy, of gonorrhœal epididymitis, of joint affections, of venous thrombosis, and of arteriosclerosis. He states that in parenchymatous nephritis, the most notable results can be obtained by a salt-poor diet. A salt-poor diet relieves peripheral resistance in heart affections, increasing the amount of urine, and thus reliev-